

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND												
1 Date of Request: <u>8/7/08</u>		2 Serial/Patent # <u>09/773227</u>										
3 Please refund the following fee(s):			4 PAPER NUMBER	5 DATE FILED	6 AMOUNT							
<input type="checkbox"/>	Filing				\$							
<input type="checkbox"/>	Amendment				\$							
<input type="checkbox"/>	Extension of Time				\$							
<input type="checkbox"/>	Notice of Appeal/Appeal				\$							
<input checked="" type="checkbox"/>	Petition		06/02/08	\$	1,540.00							
<input type="checkbox"/>	Issue			\$								
<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$								
<input type="checkbox"/>	Maintenance			\$								
<input type="checkbox"/>	Assignment			\$								
<input type="checkbox"/>	Other			\$								
			7 TOTAL AMOUNT OF REFUND	\$ 1,540.00								
8 TO BE REFUNDED BY:												
<input type="checkbox"/>	Treasury Check											
<input type="checkbox"/>	Credit Deposit A/C #:											
	9 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>0</td><td>9</td><td>--</td><td>0</td><td>4</td><td>6</td><td>8</td></tr></table>					0	9	--	0	4	6	8
0	9	--	0	4	6	8						
10 REASON:												
<input checked="" type="checkbox"/>	Overpayment											
<input type="checkbox"/>	Duplicate Payment											
<input type="checkbox"/>	No Fee Due (Explanation):											
11 REFUND REQUESTED BY:												
TYPED/PRINTED NAME: <u>Tredelle Jackson</u>			TITLE: <u>Paralegal</u>									
SIGNATURE: <u>Tredelle Jackson</u>			PHONE: <u>2-2783</u>									
OFFICE: <u>Office of Petitions</u>												
***** THIS SPACE RESERVED FOR FINANCE USE ONLY *****												
APPROVED: <u>CKW/JK</u>			DATE: <u>9/25/08</u>									

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance  
Refund Branch  
Crystal Park One, Room 802B